Walla Walla County Rural Library District
LIBRARY CARD REGISTRATION FORM
for an Adult (age 18 and up)

Valid identification with your current address must be presented at the time of registration. Please print clearly.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

☐ Male ☐ Female Birth Date: MM _____ DD _____ YYYY _____

MAILING ADDRESS

Street or PO Box _____ City _____ State _____ Zip Code _____

RESIDENTIAL ADDRESS ☐ **Same as Mailing Address**

Street Address _____ City _____ State _____ Zip Code _____

CONTACT INFORMATION

Primary Phone: *(circle one)* home / work / cell _____ Alternate Phone: *(circle one)* home / work / cell _____

Email Address *(for notification when items are overdue or available for pick-up)* _____

Would you like to receive email reminders about events at the library? ☐ Yes ☐ No

The following persons are authorized to pick up items on hold for you:

_____

To qualify, these individuals must *live in your household* and *have their own valid WALNET library card*.

RESPONSIBILITY STATEMENT

I agree to follow the rules of the Walla Walla County Rural Library District and to pay all costs and/or service charges for materials that are lost, damaged, or returned late. I understand that failure to follow library rules may result in suspension of my library privileges and/or referral to a collection agency. Library rules and library materials are governed and protected by State law. If I am referred to a collection agency because materials have not been returned or have been returned damaged, I will be charged an additional recovery fee. I understand and agree that any court action regarding my account shall be in Walla Walla County and, if a lawsuit is required, I agree to pay reasonable attorney's fees and costs.

Signature *(required)* _____ Today's Date _____

STAFF USE ONLY | Registered at: ☐ Burbank ☐ Prescott ☐ Touchet ☐ Vista Hermosa ☐ Other _____
Barcode: 24388 __ __ __ __ __ __ __ __ __ | Registration date: ___ /___ /___ | Staff Initials: _____
Data Entry Review: Review date: ___ /___ /___ | Reviewer Initials: _____ | Form revised December 2009